

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILED DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5	1		1				55	
6		1		1			56	
7		3		2			57	
8		6		5			58	
9		6		5			59	
10		6		5			60	
11	1		1				61	
12		6		5			62	
13		6		5			63	
14		1		1			64	
15	1						65	
16	1						66	
17		2					67	
18		2					68	
19		2					69	
20		2					70	
21		2					71	
22		2					72	
23		2					73	
24				1			74	
25				1			75	
26				1			76	
27				1			77	
28				1			78	
29				1			79	
30			1				80	
31				1			81	
32				1			82	
33				1			83	
34				1			84	
35				1			85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5		1				TOTAL IND.	
TOTAL DEP.	22		19				TOTAL DEP.	
TOTAL CLAIMS	27		20				TOTAL CLAIMS	

22  
30  
52

19/14